

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 23 PM 2: 05

1. Name of Limited Partnership

1a. DOCUMENT #  
**B97000000508**

**PORTERFIELD FAMILY LIMITED PARTNERSHIP**



Mailing Address

1010 JORIE BLVD., SUITE 124  
OAK BROOK IL 60523

Principal Office Address

1010 JORIE BLVD., SUITE 124  
OAK BROOK IL 60523

3. Date Formed or Registered

09/29/1997

5a. Capital Contributions as  
Shown on record.

\$950.00

3a. Date of Last Report

09/29/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$950.00

4. State or Country of Formation

IL

2. Mailing Address

1010 Jorie Blvd. # 124

2a. Principal Office Address

1010 Jorie Blvd. #124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oak Brook Illinois

City & State

Oak Brook, Illinois

Zip  
60523

Country

Zip

60523

Country

6. FEI Number

36-4175386

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

WINER, STEVEN I

12800 UNIVERSITY DRIVE, SUITE 600

FORT MYERS FL 33907

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

PORTERFIELD, HANK A

509 WOOD ROAD

OAK BROOK IL 60521

200002442932--4

-02/27/98--01092--003  
\*\*\*\*141.25 \*\*\*\*141.25

32.50

88.75

dec

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

February 18, 1998

Typed or Printed Name of General Partner Signing Form

Henry A. Porterfield

Daytime Telephone Number

630-990-8100

CR2E003 (12/97)